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Outgoing quarantine at Manila provisionally raised.

MANILA, P. I., *February 4, 1903.*

SIR: I have the honor to report that, owing to improved conditions in Manila and vicinity relative to the cholera situation, and since no case of cholera has occurred on vessels in quarantine for the past two months, I have this date provisionally raised the outgoing quarantine imposed on vessels sailing from Manila to clean ports in the Philippine Islands and United States ports.

This action is based on the fact that cholera in Manila has practically subsided, since for the past month there has not been more than one case in a week, which, in a population of 300,000, shows that little risk exists if vessels are allowed to sail without quarantine detention.

Copy of circular letter promulgating the new regulations is respectfully inclosed, for your information and approval.

Respectfully,

J. C. PERRY,

Passed Assistant Surgeon,

Chief Quarantine Officer for the Philippine Islands.

The SURGEON-GENERAL.

CIRCULAR.

MANILA, PHILIPPINE ISLANDS, *February 3, 1903.*

SIRS: Owing to the improved conditions relative to cholera in Manila and immediate vicinity, and in view of the fact that most of the islands in the archipelago either are or have been infected with this disease, the outgoing quarantine imposed on vessels sailing from this port to other places in the Philippine Islands and to United States ports is hereby provisionally raised, and until further notice vessels will be dispatched under the following conditions:

1. Vessels sailing for United States ports will not be subject to quarantine unless passengers are embarked from badly infected ports in the southern islands that have not completed five days since departure from these places. However, these vessels, in the event of taking a large number of steerage passengers, will be subject to inspection by the quarantine officers before a bill of health will be granted.

2. Boats sailing for island ports will not be inspected unless sickness of a suspicious nature is on board among passengers or crew. Such vessels will secure a bill of health in the office of the chief quarantine officer, as was the custom before the establishment of the outgoing quarantine.

3. The captain, or other responsible officer of a vessel, will be required to make a declaration that no one of the personnel of his ship is sick, and in the event of having sickness of a suspicious nature on board, such vessel must be inspected before a bill of health will be granted, and the captain is required to immediately notify that quarantine officer of such an event.

4. Any captain, owner, or agent of a vessel making a false statement relative to the health of crew and passengers on board, relative to the condition of his ship, or attempts to conceal sickness of a suspicious nature that might subject his vessel to quarantine, will be

prosecuted for each and every offense to the full extent of the law, which provides for heavy fine and imprisonment upon conviction.

5. This order goes into effect on this date and will continue until further notice.

Respectfully,

J. C. PERRY,

Passed Assistant Surgeon,

Chief Quarantine Officer for the Philippine Islands.

STEAMSHIP AGENTS AND OTHERS,

Manila, Philippine Islands.

A disease resembling measles prevalent at Iloilo.

Assistant Surgeon Gwyn reports, January 26, as follows: A disease is present in Iloilo similar to rōtheln, save that the known cases have been among adults. It is characterized by a macular eruption covering the whole body, macules about the size of a pin head and slightly larger or varying from 1 to 2 millimeters in diameter. The eruption appears over the trunk and extremities, palms of the hands, soles of the feet, and soft palate; as a rule none on the face.

Temperature but slightly elevated, not over 38° C. Patient hardly aware of being sick until the eruption is seen; no itching. There may be slight malaise. The lymphatic glands of the neck are enlarged, as are the supra trochlears and inguinal, the two latter not constant. The disease is unaccompanied by pain, although there may be a slight headache in the beginning. The eruption lasts three or four days and then gradually fades, leaving the skin slightly pigmented. The eruption disappears on pressure, but returns when the pressure is relieved.

The period of incubation could not be determined, but the disease is probably contagious. The eruption resembles that of dengue, but there is an entire absence of joint symptoms and thickening of the skin. The eruption of measles is more closely simulated, except that there is no crescentic distribution.

The CHIEF QUARANTINE OFFICER.

PORTO RICO.

Report from Ponce.

Assistant Surgeon Goldberger reports, February 23, as follows: For the week ended February 13, 1903, there were reported for the district of Ponce a total of 34 births and 24 deaths. Except for some cases of scarlatina, there has been no material change in the public health conditions of this district since my last report.

The SURGEON-GENERAL.

Foreign and insular statistical reports of countries and cities—Yearly and monthly.

ARGENTINA—*Buenos Ayres*.—Month of December, 1902. Estimated population, 880,000. Total number of deaths, 1,274, including diphtheria 7, enteric fever 17, measles 16, scarlet fever 9, whooping cough 10, smallpox 4, and 160 from tuberculosis.